

## Part A, Permit Process --- Internal Checklist

ID Number KS D007246846 Firm Name Reid Supply CoPHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm1g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 1 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 3 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 & 3	Postmarked on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Notif. record	Notifier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
"	Notified on or before August 18, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 1, XIII B signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 3, IX B Signed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

DEC 16 1980PHASE TWO

1	Unsure if regulated or non-regulated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	New facility?	<input type="checkbox"/>	<input type="checkbox"/>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		


PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:  
Maps\_\_\_; photos\_\_\_; drawings\_\_\_; lat/long\_\_\_.  
Other observations and comments:

Received Date Stamp

**NOV 17 1980**

(Stamp forms also)

DATE SENT BACK II 5/4 7/17 8/12DATE RETURNED 7/16 7/30 9/16

 R00001484  
RCRA Records Center